

PROFESSIONAL APPLICATION

Attached is the City of Fayetteville Occupational Tax Permit (Business License) Professional application. Please complete the application and return it to City Hall.

Please complete all information on the first page:

The local (Fayetteville) street address on the left and the mailing address on the right.

Name and Address of Property Owner: Company or person who owns the building.

Social Security number, Federal or State Tax ID, and/or Sales Tax number: At least one of these three is required.

U.S. Citizen: Please check yes or no.

Nature or Character of Business: This is the description of your business that will be printed on the permit. (Example: Law Firm, Medical Practice, etc.)

Second Page: Complete the first five lines only.

Emergency Contact Form: Please complete all emergency contact information as listed.

New Occupational Tax Sheet: Please complete all information.

Department of Revenue Official Addendum to Business Occupancy License Application: Please complete this form even if you do not have a sales tax number.

The Private Employer Affidavit and the U.S. Citizen/Qualified Alien Affidavit must be signed and notarized. Notaries are available at City Hall or you may use a notary elsewhere. Please bring your driver's license or photo I.D. with you. If you are not a U.S. citizen, please bring your green card or proof of legal residence.

When your application is received, it will be e-mailed to the departments listed for their approval. You will be called when the license is ready to pick up.

Professionals will not pay a fee the first year. Each year at time of renewal professionals may choose to either pay a \$300 flat fee per professional or a percentage of gross revenue (kept confidential), which will not be less than \$75.

Please note all occupational tax permits expire on December 31st. Renewal forms will be mailed in December. Please complete and return the forms and you will be billed for 2016. Payment for the 2016 renewal must be received by March 31, 2016 to avoid penalty and interest. Please keep us updated if your mailing address changes or if you move from one location to another or close the business.

If you have any questions, please call 770-719-4165. Thank you. (Revised 01/01/15)

PROFESSIONAL

CITY OF FAYETTEVILLE
240 GLYNN STREET SOUTH
FAYETTEVILLE, GA. 30214
Phone: 770-461-6029

OCCUPATIONAL TAX/PERMIT APPLICATION

<input type="checkbox"/> Single Proprietor	<input type="checkbox"/> Alcohol On-Premise	DUE DATE	01-01-2015
<input type="checkbox"/> Corporation/Partnership	<input type="checkbox"/> Alcohol Off-Premise	PENALTY APPLIED	04-01-2015
<input type="checkbox"/> LLC		CITATIONS ISSUED	05-01-2015
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Non-Profit Organization		

Application Completed By: _____

Business Name _____

Applicant / Manager / Owner _____

Business Address (Fayetteville Location) _____

Mailing/Billing Address for Business _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Business Telephone Number (Fayetteville) _____

Applicant/Owner's Phone Number _____

E-Mail: _____

Name of Property Owner _____

Social Security _____

Federal Tax ID _____

Address _____

State Tax ID _____

City _____ State _____ Zip _____

Sales Tax # _____

NATURE OR CHARACTER OF BUSINESS: _____

Number of Employees: _____ FT _____ PT

NOTE: Professionals do not pay a fee the first year. Each year at the time of renewal, professionals may choose to either pay the flat rate of \$300 per professional or a percentage of gross revenue, which will not be less than \$75 (administrative fee).

FOR STATISTICAL PURPOSES ONLY: Please select the following SBA Class which best describes your business: _____ Small Business _____ Female _____ Minority (OPTIONAL)

CITY OF FAYETTEVILLE

Date: _____

Property Address: _____

Type of Business: _____

Owner of Business: _____

Business Name: _____

REMAINDER OF THIS PAGE FOR OFFICE USE ONLY

PLANNING & ZONING: Brian Wismer/Designee (770-461-6029) Main Street District: ☐ Yes ☐ No

Date: _____ By: _____

Comments: _____

SIGNS: Will new signs be installed for the business or changes made to existing signs? ☐ Yes ☐ No

If yes, has sign permit been approved? ☐ Yes ☐ No Sign Permit # _____

ALCOHOL: Serving or Retail Sale? ☐ Yes ☐ No If yes, does location meet distance requirements for schools, churches, residences, etc., as described in City Ordinance Sec. 10-34(6)(a)(b)? ☐ Yes ☐ No

WATER AND SEWER/SERVICE/FINANCE: Carleetha Talmadge or designee (770-461-6029)

Has service been applied for? Yes ☐ No ☐

Date: _____ By: _____

FIRE DEPARTMENT: Marty Mundok or designee (770-461-4548)

Date: _____ By: _____

Comments: _____

BUILDING DEPARTMENT: Tony Haponski or designee (770-461-6029) (WILL SIGN LAST)

Date: _____ By: _____

Comments: _____

PLEASE NOTE BUILDING DEPT. HOURS: 7:00-8:30 A.M., 11:30 A.M.-1:30 P.M., 3:00-4:00 P.M.

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: _____

Business Address: _____

Prior Address of Business (if applicable): _____

Prior Business Name (if applicable): _____

Business Phone Number _____

Business Owner(s) Name: _____

Owner(s) Home Phone Number: _____
(Emergency use only)

Building Owner: _____

Building Owner's Phone Number: _____

Emergency Contact: (Someone who can gain access to the business after normal business hours in case of:
Fire, Burglar Alarm, or Other Emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____

PLEASE NOTE: ALARM SYSTEMS MUST BE REGISTERED.
GO TO <https://www.crywolf.us/oss/fayettevillega/>
FOR REGISTRATION INFORMATION AND ORDINANCE

NEW OCCUPATIONAL TAX

Alcohol On-Premise ()
Alcohol Off-Premise ()
Restaurant ()

New Business ()
New Business Owner ()
New Location ()
Name Change ()
Home Occupation ()

Business Located in Main Street District: ____Yes ____No

If so, how many employees? _____

E-Mail Address: _____

DATE: _____

PHONE: _____

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TYPE OF BUSINESS

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, the undersigned applicant representing the private employer known as

_____ [printed name of business]

verifies one of the following with respect to my application for the above mentioned document:

(CHECK ONE)

_____ On January 1st of the below signed year the individual, firm, or corporation employed **MORE THAN TEN (10) EMPLOYEES.**

_____ On January 1st of the below signed year the individual, firm, or corporation employed **TEN (10) OR LESS EMPLOYEES.**

***IF THE EMPLOYER SELECTED MORE THAN TEN (10) EMPLOYEES, PLEASE FILL OUT
FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW. THIS IS NOT THE
SAME AS THE TAX ID NUMBER.***

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 201____ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent (Representative of Business)

Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

(Name of natural **person** applying on behalf of individual,
business, corporation, partnership, or other private entity)

1) _____ I am a United States Citizen

OR (only check one)

2) _____ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

* _____
Alien Registration Number for Non-Citizens

Notary Public
My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, If Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

An Equal Opportunity Employer

OCCUPATIONAL TAX CERTIFICATE

DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, application must be approved by each of the following departments.

Zoning Department Brian Wismer or Designee	770-461-6029, Extension 4179
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Water Department Carleetha Talmadge	770-460-4237
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Fire Department Marty Mundok	770-461-4548
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Building Department Tony Haponski or Designee	770-461-6029, Extension 4068
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Fayette County Health Dept. (Restaurants and Food Service)	770-305-5415
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Copy of state license or permit required if applicable.

Copy of Health Department certificate required (food service).

IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF FAYETTEVILLE TO ANOTHER, YOU MUST COMPLETE A NEW OCCUPATIONAL TAX (BUSINESS LICENSE) APPLICATION, COMPLETE WITH DEPARTMENTAL APPROVALS, TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES, AND TO PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE FAYETTE COUNTY E-911 COMMUNICATIONS CENTER.

IF YOUR BUSINESS IS CLOSED OR MOVES OUT OF THE CITY LIMITS OF FAYETTEVILLE, PLEASE NOTIFY THE OCCUPATIONAL TAX OFFICE (770-461-6029) IN ORDER THAT WE MAY CLOSE YOUR ACCOUNT WITH THE CITY.

THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL.

Revised 01/01/15

DEFINITION OF GROSS RECEIPTS

Sec. 46-66(1)

Gross receipts means the total revenue of the business or practitioner for the period, including without being limited to, the following:

- a. Total income without deduction for the cost of goods sold or expenses incurred;
- b. Gain from trading in stocks, bonds, capital assets or instruments of indebtedness;
- c. Proceeds from commissions on the sale of property, goods or services;
- d. Proceeds from fees for services rendered; and
- e. Proceeds from rent, interest, royalty or dividend income.

(2)

Gross receipts shall not include the following:

- a. Sales, use or excise tax;
- b. Sales returns, allowances and discounts;
- c. Interorganizational sales or transfers between or among the units of a parent-subsidary controlled group of corporations as defined by 26 USC 1563(a)(1), or between or among the units of a brother-sister controlled group of corporations as defined by 26 USC 1563(a)(2), or between or among wholly owned partnerships or other wholly owned entities;
- d. Payments made to a subcontractor or an independent agent;
- e. Governmental and foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by this article, if such funds constitute 80 percent or more of the organization's receipts; and
- f. Proceeds from sales to customers outside the state.